

Eastern MRS Meeting Notes
June 17th, 2008
Wilson County DSS

Counties Present: Bladen, Franklin, Greene, Halifax, Harnett, Hoke, Johnston, Nash, Onslow, Pasquotank, Pitt, Robeson, Scotland, Wayne, Wilson.

Introductions

Announcements – Children's Services

Standardized Documentation Tool – overview, questions

SOC – Baby Steps: Existing Meetings, Who

Expanding MRS meetings

Announcements

- Significant lack of 215 data being keyed in the MRS database. 210 and 109 are being entered, but very little 215 information in there. Approximately 95% of 109 records do not have a corresponding 215 record. This suggests that we may not be capturing the 215 information in the database. It is critical to get this information entered in the system. We will be getting a lot of our information about CFT's from this database. This data is also used to present information to the General Assembly. If we can show that there are services that are needed but are not available either because they are not available or the wait is too long, that is powerful. Anecdotal information is not as good.
 - Two counties here said that they felt that percentage was accurate – they have very few children come into care from in-home, and the vast majority of them come straight from assessment.
 - The majority of the counties (by a show of hands) agreed that most children come into foster care straight from 210.

Children's Services

- Met last week and the Division presented several policy issues, all of which were approved.
 - Confidentiality, New chapter on CFT's, New chapter on Court (that puts all court information into one place).
- Foster Home Visit Documentation Tool – this also passed. It was designed to address children in home care, and did not fit as much with children in Group Care. So the Children's Services Committee approved a very similar tool for use with children in Group Care. These have not been assigned form numbers yet, therefore are not on the website.

Standardized Documentation Tool

Patrick discussed the tool and took questions. *Note: For more in-depth explanation of this tool please see MRS notes from May, as the bulk of that meeting was devoted to discussing the tool.*

- This does not change anything about the way you do an assessment, just how you document it.
- These are to be used for all assessments; families, group homes, everything.

- DSS 5010, 5010a, and the instructions are on line at this time. Currently they are not interactive. Wanted to make the format of the forms available so that if counties had questions or wanted to incorporate them into their own data systems before July 1, they could do so.
 - Currently DSS interactive forms allow you to type in information and print it, but if they are interactive you can't save them. Patrick is told that when these become interactive on July 1, you will be able to save them so that you do not have to complete them all at once. Probably have to have the most recent version of adobe.
 - Question was asked why it was not put out of the web interactively so that folks could tweak it? The reason was Children's Services voted to make this start July 1, but it was not possible to have this interactive before that time.
 - You will not be able to tweak the .pdf version regardless if it is the interactive version or not. If you want to tweak it, you can request the Word version of the form. Email Patrick and ask for it, and he will send it to you in Word.
- Some counties piloted this form, and if you were one of those counties, make sure that the forms you are using have "DSS 5010" at the bottom and is not a lettered version. "Version F" and other lettered version were used at various points in the development of the tool and have been tweaked somewhat. Need to ensure that you are using the final version; the official DSS 5010 with a revision date of 4/08.
 - Pitt county was one of the pilots. They immediately tinkered with the form and thought everyone was using it, but they found out that some people were using the State DSS 5010, and some people were using the Pitt Co 5010. Their recommendation is that you start with using the state form the way it is and give it some time before you start tweaking it. Then if you do tweak it, be sure folks are all aware of the change.
- The Case Staffing Form is not attached to the end of this tool, although it would make sense and provide closure. The reason is that the Case Decision form (5228) is already a stand alone form, and you can't have a form within a form so we can't combine those. However you can get copies of them both in Word, and combine those locally.
- As mentioned last month, the plan is to let these forms stand "as is" for 6 months before making any changes.
 - We are already aware that Section 7 is confusing.
- Some counties here today were not here last month so they asked for a brief run-through of the entire document. This review is not included in these notes, but can be found in more detail in the notes from the May meetings.

5010a

- Captures every ongoing contact you have in this case after initiation.
- Page 6 – Section 7, Initial Family Contact. Division is already aware that this section is somewhat problematic, so when changes are made in about 6 months, likely will be some changes here. Section 7 is designed to capture one thing only. CAPTA says that the person about whom the allegations are

- made must be informed, at least in general terms, at first contact with that person. You don't have to provide all the details, you can say "improper supervision" instead of "There has been a report that on Dec 7th you left your 4 year old home alone for 2 hours while you went out and got drunk."
- If you go to the school and see the child first, that contact would not go in Section 7. Could reword Section 7 as "Initial Contact with Person Against Whom Allegations are Made – or "Contact with Person responsible for Child Maltreatment" (don't want to say "Initial Perpetrator Contact" because in Family Assessments there is not a perpetrator.)
 - Initiation still refers to the first time you have face-to-face contact with the child – this is Section 8.
 - In a family assessment, the times/dates for Section 7 and 8 could be the same. If Dad was the alleged maltreater, and you made the appointment to visit with Mom, when you met with Mom, Dad, and Child, that was case initiation, as well as the first time you saw Dad.
- It is ok to reference another place in the narrative if you have already recorded information that answers a particular question. However, when you reference be sure you are specific to where to find the referenced information, and be sure that it is there. Don't just say "see narrative" say "see July 17th narrative".
 - County asked other counties that have done this how long it was taking.
 - Most people said that once they got the hang of it, it did not take so long.
 - Pitt county came up with a special version for on-call so that they did not have to be swapping documentation with the regular worker.
 - There is a learning curve. When the Structured Intake form first came out Patrick and his workers thought it would never work because it took over an hour to an hour and a half, but once they got used to it, found that it was faster.

Questions/Comments

- One of the type of contacts that is not listed is "Supervisor staffing". We are aware of this and will probably add this in 6 months.
- Suggested that we put the 5 day letters, etc. in the list of 19 things.
- Have CFTS as activities on the case activities form.
 - Pitt pointed out that if we put everything that every supervisor across the state wants, that you end up with the 32 page form this was at one point. Just be mindful of that when you think "why didn't the state add this?" and also remember that your county can add anything that you want to on your own version of the form to be used in your county.
- Space on the form for type of report, and one place to additional allegations, how do you reflect multiple additional allegations?
 - Recommend that you detail the 3rd and any additional allegations in the "explain" box for question #8.

- Where do we go from here?
 - After the 6 months of all counties using it, and making suggested changes, the Division will go to Children's Services and ask for permission to do the same thing for 215 and 109. So, about a year before those come out.

System of Care – Baby Steps: Existing Meetings, Who

Holly has been talking about System of Care at all of these meetings and we want to move this forward. Feels that counties may be confused as to what SOC means to them if they are not one of the three grant counties.

- SOC is a philosophy of how to work with families. Takes MRS philosophy outside of DSS to work with all other community partners.
- At a conference in Washington last week, a person from ACF was talking about their vision for System of Care where the focus of DSS would be much narrower, focusing on the more extreme cases of child maltreatment because the less severe ones will be taken care of by the community, and prevention programs will have a greater outreach so that there will be fewer of those cases to begin with.
 - Have to remember though, that DSS doesn't know everything, and we have to be willing to give up some control, and realize that other agencies are doing their jobs as well.

Baby Steps

- How do we develop cross system CFTs where we can bring the appropriate players to the meetings? Not every system to every meeting, but the ones who are relevant to a particular case.
- The way to sell this, particularly to child welfare workers, is to let them know that if you are doing this, then once you have started, you are not out there alone in working with this family.
- Who are people we need to have at the table: MH, DJJ, Schools, Faith Based, Families, Group Homes, GAL, Community Supports (4H Clubs, Boys & Girls Clubs, Girl Scouts), Family Advocates (families that have been involved with the system before and act as peer mentors to other families), Day Care, Military, DV agency.
 - Using these other people to talk with the family gives another point of view besides the social workers. These community groups represent people that the family already interacts with and may already trust and therefore don't have the initial resistance to listening to them that they do to DSS.
 - Particularly families that have previously been involved with the system can speak to new families and give a family perspective of what a CFT is like. It gives the new family an ally, and it also communicates to the mentor family that they are a success, and have achieved their goals to the point where they are a role model for others.

- Bladen reported that at the National Conference many agencies talked about Parent Partners. These are people that were former Child Welfare Consumers, even to the point that they lost custody of their children. They are now employees of the agency. They are not child welfare workers, but are Parent Partners, advocates and peer mentors for other families. Many agencies were even choosing to seek additional funding for more of these positions rather than additional CPS staff.
- There are many statutorily mandated meetings with child serving agencies within the community. Being a part of one of those is step in the right direction toward further collaboration.
 - Mental Health Community Collaborative – (comes out of the mental health system) most counties have one of their own, but some may have one that crosses several counties because LME's may serve multiple counties. This collaborative has money attached to it. All LME's have a System of Care coordinator.
 - JCPC – Juvenile Crime Prevention Council.
 - CAC – Child Advocacy Center
 - Partnership for Children – Smart Start
 - CCPT – Community Child Protection Team
 - CFST – schools in the Governor's Program (School Based Child and Family Initiative – in 100 schools in 23 counties.
- There are other meetings in different counties (that may not be statutorily mandated) such a Law Enforcement meeting, etc. One county had a Meth Task force that meets regularly.
- If you can possibly combine some of these meetings (because it is mostly the same people) that is a buy-in because the idea of knocking out several meetings at once is appealing.
- Getting the buy-in from the heads of these agencies makes it much easier.
- Possible Topics:
 - Gaps in services
 - Protocols
 - How we can work together – who is the lead agency, how are cases handed off between agencies
 - How do we leverage funding in the community – want to maximize the amount of money coming into the county, and not duplicate services.
 - Initially in Bladen they might have talked about specific cases, but have moved to a more broad level where they talk about the more global issues listed above. Many other counties agreed.
 - Its like a big CFT to determine how we are going to get services in place for the community.

Who?

- Across the country accessing the school system has consistently been the hardest system to partner with.
- How do we engage them in partnership?
 - Bladen put a MOA in place, using the MH approach outlining a protocol whereby there must be a CFT when MH services are going into the school.
 - You have to show each partner what is in it for them.
 - Sometimes you can use a specific issue and meet around that and develop a relationship. Holly had an example of one county that had a large number of lice reports. DSS said they couldn't handle all these reports. So the School and DSS met and outlined some steps the school could take before it became a report, and they set up some CFTs – the process met the needs of everyone involved.
 - When you see they have a need, offer to help. One county DSS offered to do all the work setting up the meeting, and it was held at the school.
 - You work with the ones who are receptive, see how it goes, and often those teachers will share positive experiences with their colleagues. (Remember how we started doing MRS? Some counties piloted it with the social workers that were willing and excited about doing it, and then less enthusiastic workers see the positive results.)
- Schools are worried that if they get involved in the meetings, they will ruin the relationships they have with the families.
- Bladen said training is key, not DSS training, but Cross Systems Training (developed by the NC Collaborative for Children*). It's a community partner training. This training talks about CFTs from the family's perspective. There is no cost for this training and anyone can go.
 - Having everyone trained around the same table makes a world of difference. They all hear the same thing, learn a lot, and build relationships with other participants in the training.
 - Each partner then understands the rules and regulations that other agencies are up against.
 - You can access this training by calling your SOC coordinator at your LME.
 - Once the teachers in Bladen understood what the meeting was really about they are very excited to be a part, to the point that they are making efforts to have CFTs during a planning period so that the teacher can be there.
- *This group meets every other week in Raleigh, has a website: nccollaborative.com where you can get lots of information. The group is co-chaired by a family member and a University Partner.

Getting these Partners to these meetings.

- Want to start inviting community and family partners to these meetings.
- How do we want to do this?
 - Will be adding the family partners from the 3 pilot counties to the MRS email list.
 - Question how would this be different from the Regional CCPT forums?

Resources to help you get System of Care going:

- For the pilot 3 counties, part of the grant provided resources for these counties to help their counterparts put SOC in place in their counties. Angela will be happy to do a presentation for you.
 - Can contact Angela at: 919-862-6907 or amendell@bladen.co.org.

Things to think about for next time

- Writing a chapter of policy on Shared Parenting – start thinking about what you think should be included in there. Will talk more about this in July.

July Meetings:

Central: Moore County – July 24th

Western: Asheville – Church - July 23rd

Eastern: Johnston County – July 30th